

S o u t h e a s t I d a h o Medical Reserve Corps Newsletter

October-December 2008

Communications Tests

Your contact information is a lifeline for those involved in activating volunteers to be deployed to an incident. Disaster response exercises and actual disasters throughout the country consistently point out communication failures during an event, and what should be done to improve communication for future events. This is currently a focus area for the Public Health Preparedness program staff at the Southeastern District Health Department (SDHD).

One way in which SDHD is enhancing its communications ability is through the use of the State Automated Warning System (SAWS). This is an automated system maintained and operated by the Idaho Bureau of Homeland Security and utilized to notify personnel and volunteers of significant events or as a mechanism for contacting key personnel.

Call lists are maintained which contain contact information for personnel and certain volunteer groups throughout the State of Idaho that will be notified during emergency situations. A recorded message is received by the SAWS subscriber that provides information on about events taking place, who is affected, and what actions should be taken.

During the afternoon of October 29, 2008, the SAWS system was activated and SDHD Initial Response Team members and MRC volunteers were contacted and asked to call the SDHD Emergency Operations Center (EOC). Out of roughly 200 volunteers, only 12 people called the EOC and indicated they would be able to assist if it were a real emergency. Thank you to those of you who participated! SAWS calls will continue to be conducted routinely in the future and it is hoped that we will get a better response rate in future SAWS calls.

When you registered as a MRC volunteer, you were asked to provide home, cell, and work telephone numbers. If you would like to change the order in which the calls go out to you, please let us know. One after-action item from this test is related to phone numbers that go directly to a main switchboard. Switchboard operators, or even in some cases, the automated answering systems, will not know how to direct the SAWS call. If you think you may have provided a number that is a switchboard number, please contact us to have it changed or removed from your profile.

Again, your contact information is a vitally important for those involved in activating volunteers to be deployed to an incident so please take a moment to update your information if you think it may have changed. Please contact Penny Nelson at 239-5295 at your earliest convenience. Thank you!

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**DON'T GET
THE FLU.
DON'T SPREAD
THE FLU.**

GET VACCINATED.

cdc.gov/flu



Mass Casualty Incident Response Equipment and Supplies in Southeastern Idaho

The Southeast Idaho Regional Healthcare System Planning Group (RPG) has been working for five years to establish a regional healthcare system to respond to an incident causing a surge of patients into the medical system.

Funding for this program comes from the U.S. Department of Health and Human Services' Assistant Secretary for Preparedness and Response. Participants in the group include representatives from Bannock, Bear Lake, Bingham, Butte, Caribou, Franklin, Oneida, and Power counties and the Shoshone-Bannock Tribe.



All-hazards focus areas have included laboratory enhancements, isolation and decontamination capabilities, interoperable communications, and mass casualty incident response. Specific to mass casualty incident response, each county now has a trailer stocked with medical equipment and supplies that can be dispatched to an incident to provide additional medical resources to responding EMS agencies.

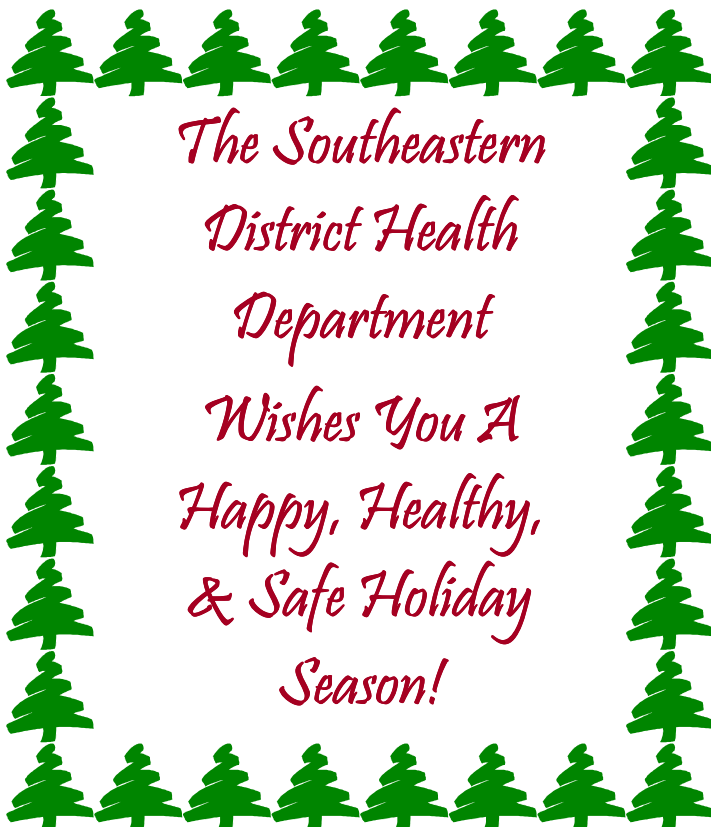
Because of its larger population base, the Bannock County Emergency Response Trailer (pictured above) contains supplies to treat 200 basic life support and 50 advanced life support patients. The other counties have supplies to treat up to 50 basic life support patients. Each county has signed the District 6 Mutual Aid Agreement for the Sharing of Medical Supplies and Equipment in Southeastern Idaho, which is significant because each county has agreed to cross jurisdictional boundaries in order to provide assistance during a mass casualty event.

MRC volunteers with a medical background may be activated and deployed to assist in such a response! Your role would be designated by those operating incident command, but it is likely you would assist with triage and treatment of patients. Again, volunteers are asked to wait to report to a site until requested for assistance. Spontaneous volunteers can overwhelm the system and impede response.

MRC Training Recommendations

The Office of the Civilian MRC recommends that **all** MRC units should adopt National Incident Management System (NIMS) and an Incident Command System (ICS) response structure, and have a NIMS/ICS training plan that utilizes a tiered approach to meeting NIMS compliance requirements. All MRC leaders and members must be trained in ICS-100: An Introduction to ICS, or equivalent and IS-700: NIMS, An Introduction or equivalent, and have received certificates of completion for these courses. It is expected that all MRC members will meet this baseline level of understanding (i.e., "awareness" level), regardless of their position or employment status (i.e., paid or volunteer) within an MRC unit.

If you have not taken ICS-100 or IS-700 and are interested in completing these courses, please contact Michelle Butterfield at 239-5207.



**If You Have Not Been Through
MRC Volunteer Orientation -
This Training is for YOU!**

MRC Volunteer Orientation

Thursday, November 20th
6:00 pm-8:00 pm



Agenda

Medical Reserve Corps Overview
Public Health Preparedness
Core Matrix Requirements
Strategic National Stockpile



Orientation is being held at the
Southeastern District Health Department
Located at 1901 Alvin Ricken Drive in Pocatello



If you wish to attend, please RSVP
to Penny Nelson @ 239-5295 today!



Medical Reserve Corps

Volunteers Building Strong, Healthy, and Prepared Communities

www.medicalreservecorps.gov

Medical Reserve Corps

- ★ **The Medical Reserve Corps (MRC)** was founded after President Bush's 2002 State of the Union Address, in which he asked all Americans to volunteer in support of their country. MRC is a partner program of Citizen Corps, a national network of volunteers dedicated to ensuring hometown security. Citizen Corps, along with the Corporation for National and Community Service, and the Peace Corps are all part of the President's USA Freedom Corps, which promotes volunteerism and service throughout the nation.
- ★ MRC units are community-based and function as a way to locally organize and utilize volunteers—medical professionals and others—who want to donate their time and expertise to promote healthy living throughout the year and to prepare for and respond to emergencies. MRC volunteers supplement existing local emergency and public health resources.
- ★ MRC volunteers include medical and public health professionals such as physicians, nurses, pharmacists, dentists, veterinarians, and epidemiologists. Other community members, such as interpreters, chaplains, office workers and legal advisors, can fill other vital support positions.

What Can MRC Volunteers Do?

- ★ **Support** local public health, while advancing the priorities of the U.S. Surgeon General:
 - Promoting disease prevention
 - Improving health literacy
 - Eliminating health disparities
 - Enhancing public health preparedness
- ★ **Assist** local hospitals and health departments with surge personnel needs.
- ★ **Participate** in mass prophylaxis and vaccination exercises and community disaster drills.
- ★ **Train** with local emergency response partners.
- ★ **And More...**

How Can the MRC Benefit Your Local Community?

- ★ Bolsters public health and emergency response infrastructures by providing supplemental personnel
- ★ Enables communities to meet specific health needs
- ★ Allows the local community more autonomy—not as reliant on state and national resources
- ★ Gives community members the opportunity to participate in developing strategies to make their communities healthier and safer
- ★ Provides mechanisms for information sharing and coordination between all partner organizations
- ★ Provides a dialogue between emergency management and public health agencies
- ★ Allows for national recognition of local public health and emergency response efforts

